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| **INSTITUTE OF QUANTITY SURVEYORS, SRI LANKA** |
| **INCORPORATED BY AN ACT OF PARLIAMENT ( ACT NO. 20/2007)** |
| The Professional Centre, 2nd Floor, No.275/75, Prof. Stanley Wijesundara Mawatha, Colombo 07. |
| Tele/Fax – +94-112 595570, E-mail. iqssl@sltnet.lk. Web: www.iqssl.lk |

**APPLICATION FOR ASSESSMENT OF PROFESSIONAL COMPETENCE THROUGH RECIPROCITY**

1. Name (in full): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Details: Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Membership of IQSSL (if any):
   1. Grade of Membership\*: Graduate/Technical/Registered/Probationary/Student
   2. Date Admitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Details of Reciprocity:
   1. Name of the Institute: AIQS RICS NZIQS CIQS
   2. Grade of Membership: Associate/Member\* Fellow
   3. Date Admitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. CPDs attended, special noteworthy assignments, presentations, achievements or activities (If space is inadequate, you may use additional paper referring to this heading): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. APC Test Fees\*\*

I am enclosing herewith the cheque bearing no: ……………………. in the amount of Rs. ……………………… being fees for processing and registration for the APC test.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_